



10/042,811
RESPONSE TO RESTRICTION
REQUIREMENT AND PRELIMINARY AMENDMENT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Charles A. Dark et al.

Appln. No.: 10/042,811

Filed: January 08, 2002

For: SILICIDE BRIDGED ANTI-FUSE (as
amended)

Group Art Unit: 2815

Examiner: Joseph H. Nguyen

RESPONSE TO RESTRICTION
REQUIREMENT AND PRELIMINARY
AMENDMENT

#9/A
Mndt
Election
J. maine
4/16/03

INTRODUCTORY COMMENTS

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

This is a Response to a Restriction Requirement and a Preliminary
Amendment. Please amend the above-identified application as indicated on the
following pages.

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PTO/SB/21 (08-00)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/042,811
Filing Date	January 8, 2002
First Named Inventor	Charles A. Dark et al.
Group Art Unit	2815
Examiner Name	J. H. Nguyen
Attorney Docket Number	100-16900 (P05109)

Total Number of Pages in This Submission

9

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment/Response to Paper No. 8 <input type="checkbox"/> After Final (Response) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Certificate of Mailing
Remarks		Please charge any necessary fees or credit overpayment to Deposit Account No. 502305. <u>A duplicate copy of this transmittal is attached for this purpose.</u>

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Firm or Individual name	Mark C. Pickering, Reg. No. 36,239
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Typed or printed name	Robin L. King
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